Town of FOUNTAIN HILLS
Code Enforcement Services

REQUEST FOR CODE ENFORCEMENT SERVICES
Please provide as much of the requested information as possible.

PRINT LEGIBLY

Today's Date: Time:

Name of person making complaint:

COMPLETE address:

Zip Code: Phone Number:

Source (circle one)   Sheriff   Counter   Code Officer   Other
· ·

Address/location of violation:

Name of violator (if known):

Description of possible violation(s):
· ·

OFFICER USE ONLY:

Action taken:

Date received: Entered by:

Assigned to: Case #:

Date completed: